

Ophthalmic Technologies Inc.  
Special 510(k) Submission  
OTI-scan  
Ophthalmic Ultrasonic System A-B scab

MAR 27 2003

510(k) Summary  
February 26, 2003

(1) Submitter Information

Name: Ophthalmic Technologies Inc.

Address:

Ophthalmic Technologies Inc.  
37 Kodiak Crescent, Unit 16  
Downsview, Ontario, Canada M3J 3E5

Telephone number:

416-631-9123 • 1-800-517-4444

Contact Person:

Dr. George Myers (Official Correspondent)

Medsys Inc.

377 Route 17 S

Hasbrouck Heights, NJ 07604

Telephone 201-727-1703

Fax 201-727-1708

Date Prepared: December 10, 2002

(2) Name of Device

Trade Name: OTI-scan

Common Name: Ophthalmic A-scan and B-scan

Classification name: System, Imaging, Ultrasonic, Ophthalmic, 980IYO

Diagnostic Ultrasound Transducer, 90-ITX

(3) Equivalent legally-marketed devices.

OTI i-scan, K960622

(4) Description

The OTI-scan is a compact Ultrasonic ophthalmic A-scan system and B-scan system that uses the principles of sonar (pulsed ultrasound) to measure the axial length of the eyes and to visualize the interior of the eye.

(5) Intended Use

The *OTI-scan* ultrasound system is a multi-purpose personal-computer-based ultrasonic diagnosis system for ophthalmic applications, intended to both visualize the interior of the eye by means of ultrasound and to make measurements inside the eye, including the measurement of axial length for determination of IOL power.

(6) Performance Data

(a) Non-clinical tests

The A-B scan has had accuracy tests, ultrasonic emissions tests, electrical safety tests, and software validation tests.

(b) Clinical tests

Not required.

(c) Conclusions

The A-B scan is equivalent in safety and efficacy to the legally-marketed predicate device.



Food and Drug Administration  
9200 Corporate Boulevard  
Rockville MD 20850

MAR 27 2003

Ophthalmic Technologies, Inc.  
% George H. Myers, Sc.D.  
Official Correspondent  
Medsys, Inc.  
377 Route 17 South  
HASBROUCK HEIGHTS NJ 07604

Re: K030770

Trade Name: OTI-scan Ophthalmic Ultrasound System  
Regulation Number: 21 CFR 892.1560  
Regulation Name: Ultrasonic pulsed echo imaging sytem  
Regulation Number: 21 CFR 892.1570  
Regulation Name: Diagnostic ultrasonic transducer  
Regulatory Class: Class II  
Product Code: 90 IYO and ITX  
Dated: February 26, 2003  
Received: March 11, 2003

Dear Dr. Myers:

We have reviewed your Section 510(k) premarket notification of intent to market the device referenced above and we have determined the device is substantially equivalent (for the indications for use stated in the enclosure) to legally marketed predicate devices marketed in interstate commerce prior to May 28, 1976, the enactment date of the Medical Device Amendments, or to devices that have been reclassified in accordance with the provisions of the Federal Food, Drug, and Cosmetic Act (Act). You may, therefore, market the device, subject to the general controls provisions of the Act. The general controls provisions of the Act include requirements for annual registration, listing of devices, good manufacturing practice, labeling, and prohibitions against misbranding and adulteration.

This determination of substantial equivalence applies to the following transducers intended for use with the OTI-scan Ophthalmic Ultrasound System, as described in your premarket notification:

Transducer Model Number

13 MHz (Biometric A-scan)  
12 MHz (B-scan)

If your device is classified (see above) into either class II (Special Controls) or class III (PMA), it may be subject to such additional controls. Existing major regulations affecting your device can be found in the Code of Federal Regulations, Title 21, Parts 800 to 898. In addition, FDA may publish further announcements concerning your device in the Federal Register.


Please be advised that FDA's issuance of a substantial equivalence determination does not mean that FDA has made a determination that your device complies with other requirements of the Act or any Federal statutes and regulations administered by other Federal agencies. You must comply with all the Act's requirements, including, but not limited to: registration and listing (21 CFR Part 807); labeling (21 CFR Part 801); good manufacturing practice requirements as set forth in the quality systems (QS) regulation (21 CFR Part 820); and if applicable, the electronic product radiation control provisions (Sections 531-542 of the Act); 21 CFR 1000-1050.

This letter will allow you to begin marketing your device as described in your premarket notification. The FDA finding of substantial equivalence of your device to a legally marketed predicate device results in a classification for your device and thus permits your device to proceed to market.

If you desire specific advice for your device on our labeling regulation (21 CFR Part 801, please contact the Office of Compliance at (301) 594-4591. Additionally, for questions on the promotion and advertising of your device, please contact the Office of Compliance at (301) 594-4639. Also, please note the regulation entitled, "Misbranding by reference to premarket notification" (21 CFR Part 807.97). Other general information on your responsibilities under the Act may be obtained from the Division of Small Manufacturers, International and Consumer Assistance at its toll-free number (800) 638-2041 or at (301) 443-6597 or at its Internet address "<http://www.fda.gov/cdrh/dsmamain.html>".

If you have any questions regarding the content of this letter, please contact Rodrigo C. Perez at (301) 594-1212.

Sincerely yours,

*for* 

Nancy C. Brogdon  
Director, Division of Reproductive,  
Abdominal and Radiological Devices  
Office of Device Evaluation  
Center for Devices and Radiological Health

Enclosure(s)

## Diagnostic Ultrasound Indications for Use Form

Page 1 of     510(k) Number (if known): K030770

Device Name: OTI-scan

## Intended Use:

The *OTI-scan* ultrasound system is a multi-purpose personal-computer-based ultrasonic diagnosis system for ophthalmic applications, intended to both visualize the interior of the eye by means of ultrasound and to make measurements inside the eye, including the measurement of axial length for determination of IOL power.

## Mode of Operation

CLINICAL APPLICATION	A	B	M	PWD	CWD	COLOR DOPPLER	POWER (AMPLITUDE) DOPPLER	COLOR VELOCITY IMAGING	COMBINED (SPECIFY)	OTHER (SPECIFY)
Ophthalmic	P	P								P (3D)
Fetal										
Abdominal										
Intra-operative (specify)										
Intra-operative Neurological										
Pediatric										
Small Organ (Specify)										
Neonatal Cephalic										
Adult Cephalic										
Cardiac										
Trans-esophageal										
Trans-rectal										
Trans-vaginal										
Trans-urethral										
Intra-luminal										
Peripheral Vascular										
Laparoscopic										
Musculo-Skeletal										
Other (Specify)										

N= new indication; P= previously cleared by FDA; E= added under Appendix E

Additional Comments:

(PLEASE DO NOT WRITE BELOW THIS LINE – CONTINUE ON ANOTHER PAGE IF NEEDED)

\_\_\_\_\_  
Concurrence of CDRH, Office of Device Evaluation (ODE)

Prescription Use ✓  
(Per 21 CFR 810.109)

OR

Over-the-Counter Use \_\_\_\_\_

(Optional Format 1-2-96)

David A. Lyman  
(Division Sign-Off)

Division of Reproductive, Abdominal,  
and Radiological Devices

510(k) Number K030770

## Diagnostic Ultrasound Indications for Use Form

Page 1 of       510(k) Number (if known): K030770

Device Name: OTI-scan B-scan transducer

Intended Use: Transducer for B-scans with OTI-Scan Ophthalmic system  
Mode of Operation

CLINICAL APPLICATION	A	E	M	PWD	CWD	COLOR DOPPLER	POWER (AMPLITUDE) DOPPLER	COLOR VELOCITY IMAGING	COMBINED (SPECIFY)	OTHER (SPECIFY)
Ophthalmic		X								
Fetal										
Abdominal										
Intra-operative (specify)										
Intra-operative Neurological										
Pediatric										
Small Organ (Specify)										
Neonatal Cephalic										
Adult Cephalic										
Cardiac										
Trans-esophageal										
Trans-rectal										
Trans-vaginal										
Trans-urethral										
Intra-luminal										
Peripheral Vascular										
Laparoscopic										
Musculo-Skeletal										
Other (Specify)										

N= new indication; P= previously cleared by FDA; E= added under Appendix E

Additional Comments:

(PLEASE DO NOT WRITE BELOW THIS LINE - CONTINUE ON ANOTHER PAGE IF NEEDED)

Concurrence of CDRH, Office of Device Evaluation (ODE)

Prescription Use ✓

OR

Over-the-

Counter Use       

(Per 21 CFR 810.109)

(Division Sign-Off)

Division of Reproductive, Abdominal,  
and Radiological Devices

510(k) Number

David R. [Signature] (Optional Format 1-2-96)K030770

## Diagnostic Ultrasound Indications for Use Form

Page 1 of       510(k) Number (if known): K030770

Device Name: OTI-Scan A-scan transducer

Intended Use: Biometric and diagnostic A-scans with OTI-scan  
ophthalmic system

## Mode of Operation

CLINICAL APPLICATION	A	B	M	PWD	CWD	COLOR DOPPLER	POWER (AMPLITUDE) DOPPLER	COLOR VELOCITY IMAGING	COMBINED (SPECIFY)	OTHER (SPECIFY)
Ophthalmic	x									
Fetal										
Abdominal										
Intra-operative (specify)										
Intra-operative Neurological										
Pediatric										
Small Organ (Specify)										
Neonatal Cephalic										
Adult Cephalic										
Cardiac										
Trans-esophageal										
Trans-rectal										
Trans-vaginal										
Trans-urethral										
Intra-luminal										
Peripheral Vascular										
Laparoscopic										
Musculo-Skeletal										
Other (Specify)										

N= new indication; P= previously cleared by FDA; E= added under Appendix E

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IF NEEDED)

Concurrence of CDRH, Office of Device Evaluation (ODE)

Prescription Use ☒ Counter Use ☐

(Per 21 CFR 810.109)

(Division Sign-Off)

Division of Reproductive, Abdominal,  
and Radiological Devices  
510(k) Number

OR

Over-the-

K030770